Indiana State Department of Health

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		004944		B. WING		03/3		
		004811				03/2	4/2015	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CENTRAL	INDIANA AMG SPECIAI	LTY HOSPITAL LLC	2401 W UN MUNCIE, IN	IVERSITY AVE N 47303	8TH FL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS			S 000				
	The survey was for in hospital complaint.	vestigation of a State						
	Complaint Number: IN Substantiated: No de alleagtions are cited. allegations is cited.		to the					
	Date: 3-23/24-15							
	Facility Number: 0048	311						
	Surveyor: Brian Mont Public Health Nurse S							
	QA Review: JLee 04-	01-15						
S 930	410 IAC 15-1.5-6 NUI	RSING SERVICE		S 930			4/16/15	
	410 IAC 15-1.5-6 (b)(3)						
	(b) The nursing service following:	ce shall have the						
	(3) A registered nurse and evaluate the care provided to each patie	planned for and						
	nurse executive failed policy/procedures for medical record docum reporting were follows	nt review and interview, at the consure that the nursing assessment, nentation, and occurrented and a registered nursector of a patient for 1 of the core of the cor	ice se					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		004811		B. WING		0.5	C 3/24/2015	
NAME OF D	DOVIDED OD CLIDDLIED	004011	CTDEET ADDI	DECC CITY CTA	TE 7/D CODE	1 0	3/24/2013	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA				
CENTRAL	. INDIANA AMG SPECIA	LTY HOSPITAL LLC	MUNCIE, IN	VERSITY AVE	SIMFL			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIC	LL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 930	Continued From page 1			S 930				
	(approved 9-12) indic main purpose of the raccurately and adequ	ure The Medical Record cated the following: "The medical record is to lately documentevent during the current episod	e ks					
	following: "Patients a throughout their hosp RN, and/or LPN/LVN	ure Assessment and oved 8-12) indicated the are assessed continuous oital staythe charge numust document evaluation (as they occur and /or a	sly ırse, ions					
	3. The medical record for patient 27 failed to indicate nursing assessment documentation on 12-10-14 for the period from 0700 hours to 1900 hours.							
		cumentation dated 12-10 g staff N19 was assigned nt 27.						
	the chief nursing office A3 confirmed the mediacked nursing asses	w on 3-24-15 at 0940 hover A2 and director of quadical record for patient 2 sment documentation or 100 hours and 1900 hour	ality 27 n					
	Reporting (approved "An occurrence or inc not consistent with th any circumstances th safety and well-being employee or medical the occurrence/event an obligation to begin	ure occurrence/Event 8-12) indicated the followident is any event which e routine care of a patienat threaten the physical of patients any hospit staff member who discour is first on the scene in the Occurrence Report e it in a timely manner	n is nt or tal overs has					

Indiana State Department of Health

STATE FORM URIW11 If continuation sheet 2 of 3

Indiana State Department of Health

MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2401 W UNIVERSITY WE 8TH FL. MUNCIE, IN 47303 PREFIX TAG COntinued From page 2 Occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 3. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entires for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entires for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was available.		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2401 W UNIVERSITY AVE 8TH FL. MUNCIE, IN 47303 (X4) ID SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL (PRECULATORY OR LISC IDENTIFYING INFORMATION) S 930 Continued From page 2 occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 9900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was						С
CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY/ING INFORMATION) S 930 Continued From page 2 occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was			004811	B. WING		03/24/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) S 930 Continued From page 2 occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning threapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was	NAME OF PI	ROVIDER OR SUPPLIER				
RECIDITION MINUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 930 Continued From page 2 occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was	CENTRAL	INDIANA AMG SPECIAI	LTY HOSPITAL LLC		E 8TH FL	
occurrence/event report will be completed by the person discovering the event before leaving their assigned shift." 7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician. 8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit. 9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
		Continued From page occurrence/event represent discovering the assigned shift." 7. The physical thera 12-09-14 for patient 2 nurse postponed /can session because of under a peripherally-inserted Physician orders date indicated priority labor with the blood loss with the physician. 8. On 3-24-14 at 090 quality A3 was request documentation of an easociated with the 12 entries for patient 27 at to exit. 9. During an interview the director of quality occurrence report assimedical record entries	py progress note dated rindicated the registered celled the morning therapy nexplained blood loss from discentral catheter. In the catheter of the celled the morning therapy nexplained blood loss from discentral catheter. In the central catheter of the celled the results of the results. On hours, the director of steed to provide occurrence report 2-09-14 medical record and none was provided prior of the celled the control of the celled the control of the celled the cel			

Indiana State Department of Health

STATE FORM URIW11 If continuation sheet 3 of 3